

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	A WIRELESS LOCATION DETERMINING DEVICE																							
Application Number :																								
Date :																								
First Named Applicant:		Mr. Daniel A. Katz																						
Attorney Docket Number:																								
<b>TOTAL FEE AUTHORIZED \$ 484</b>																								
Patent fees are subject to annual revisions on or about October 1st of each year.																								
Filing as small entity																								
BASIC FILING FEE																								
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>					Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
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EXTRA CLAIM FEES																								
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 31</td><td>11</td><td>2202</td><td>9</td><td>99</td></tr><tr><td>Independent Claims : 0</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 99</td></tr></tbody></table>					Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 31	11	2202	9	99	Independent Claims : 0	0	2201	43	0				Subtotal For Extra Claims Fees: \$ 99	
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<b>AUTHORIZED BILLING INFORMATION</b>																								
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																								
Credit account number:		8165																						
Expiration Date (YYYYMMDD):		2005-03-31																						
Authorized name:		Daniel Katz																						
Billing address:		55106																						